

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Augustus Freeborn Brown Sr

Town *Swan Creek* County *Harford* MARYLAND

Died at *Swan Creek*

Date of death *1909* Month *Nov* Day *14* Age *76* Months *3* Days *16*

Sex *Male* Color or Race *White-* Birth-place *Swan Creek*

Occupation *Farmer + Canner* Where Residing if not at place of death *Same*

Married, Single or Widowed *Widower* Name of Wife or Husband *Harriet S Wheeler*

Father's Name *Thos Brown* Father's Birthplace *Ozer Creek*

Mother's Maiden Name *Clemency Mitchell* Mother's Birthplace *Harford Co Md*

Name of person giving Information *A. F. Brown Jr* How related to deceased *Son*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Valvular heart-disease* How long *2 or 3 years*

Immediate *Valvular heart-disease + Comp.* How long *6 mo*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. L. Hopkins*

Address *Waverly de Grace Md*

Accident or Suicide *-*

Berry Grove

Berry at Grove cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Elizabeth Courtney

Town

County

MARYLAND

Died at

Lapidum

Harford

Date

of death

190

19

November

Day

1

Age

Years

77

Months

6

Days

15

Sex

Female

Color or
Race

white

Birth-
place

Harford Co

Occupation

Housewife

Where Residing if not
at place of death

Lapidum

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Mrs. H. Courtney

Courtney

Father's
Name

Henry Hopkins

Father's
Birthplace

Cuthbert

Mother's
Maiden Name

Nancy Hughes

Mother's
Birthplace

York

Name of person giving
Information

S. A. Smith

How related
to deceased

Sister-in-law

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

Primary

Chronic Bronchitis

How long

long

Immediate

Congestion of Lungs

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

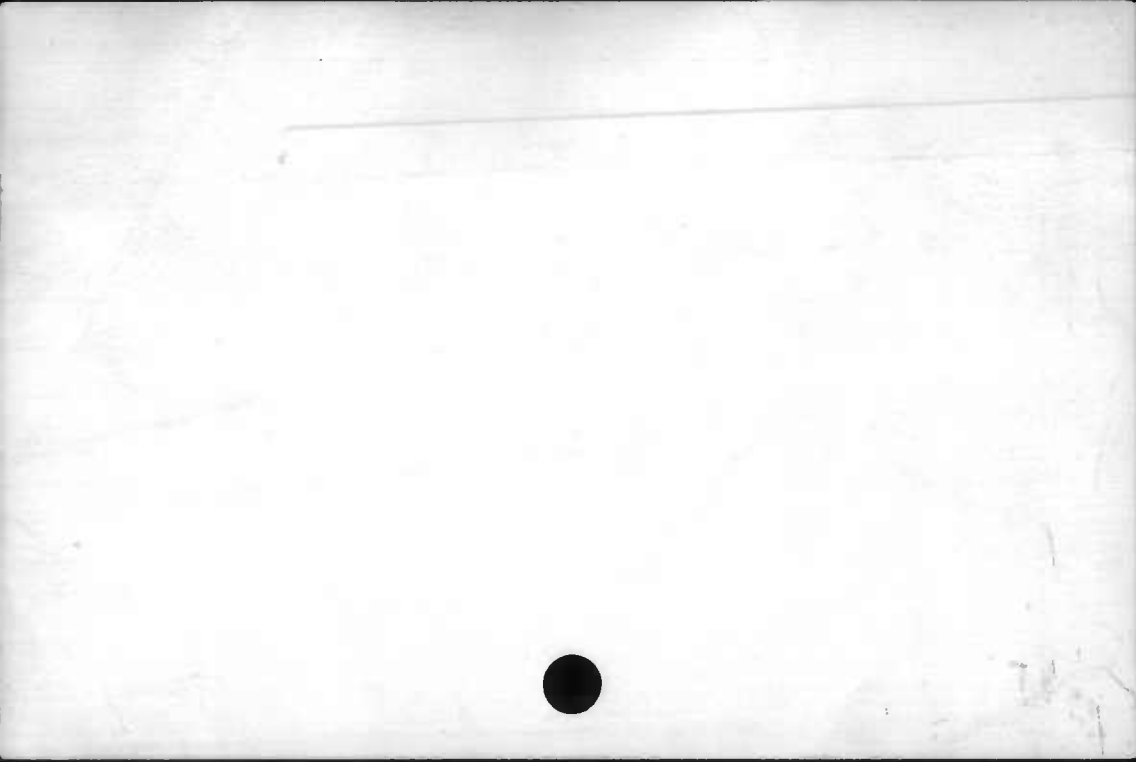
Signature of
Physician

H. E. Clement

Address

Park Heights
Md

Accident or Suicide



Name
in
Full

Croxson (Still Born)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

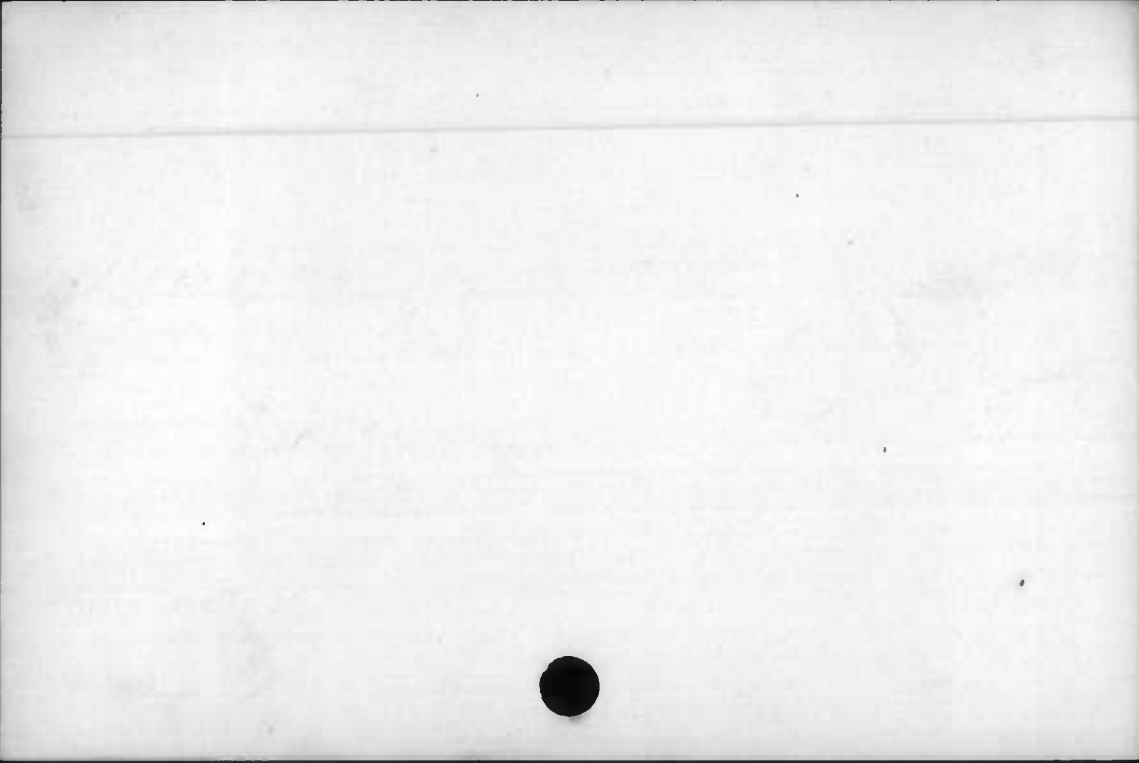
Died at <i>Hart Dr Grace</i>		Town <i>Hartford</i>		County		MARYLAND	
Date of death <i>1909</i>		Month <i>Nov</i>	Day <i>26</i>	Age <i>No</i>	Years <i>yes</i>	Months <i>No</i>	Days <i>No</i>
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Hart Dr Grace Md</i>			
Occupation <i>None</i>				Where Residing if not at place of death <i>Place of death</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Harry Croxson</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Stella Ellis</i>				Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Mother</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long	<i>Still Born</i>
Immediate	<i>Still Born</i>	How long	<i>Still Born</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. N. Steiner</i>	
		Address <i>Hart Dr Grace Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

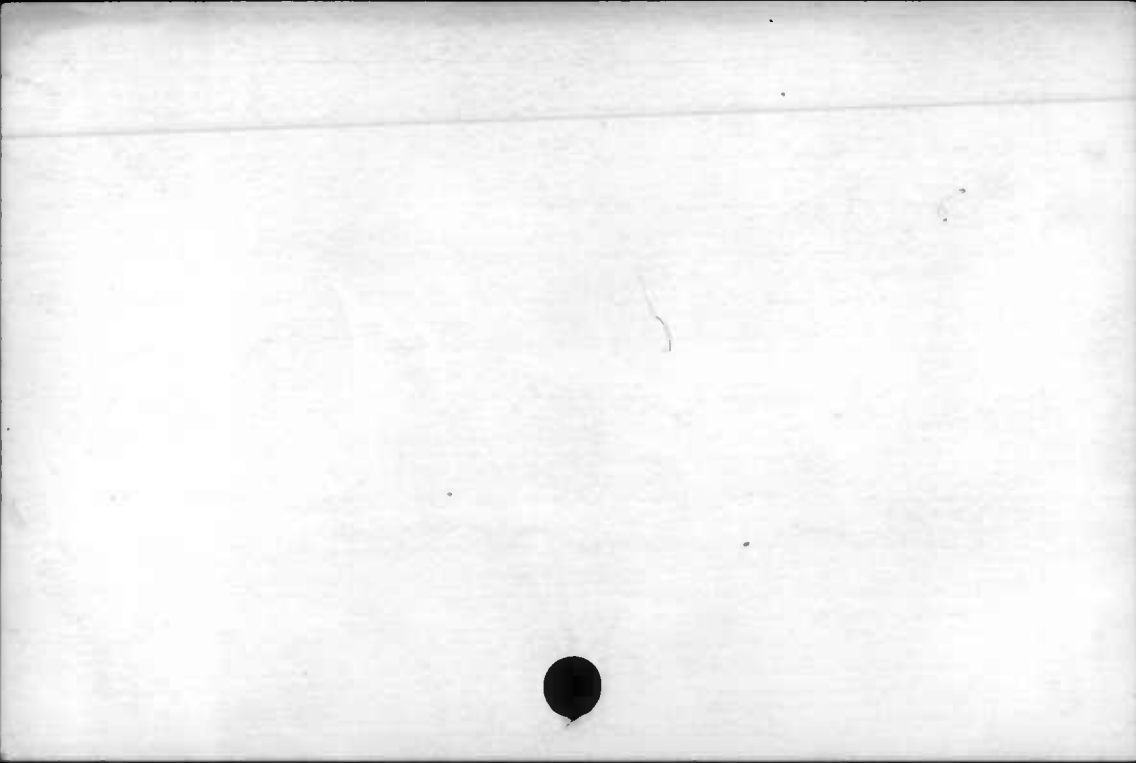
Died at <i>Harrods Grove</i>		Town <i>Harrods Grove</i>		County <i>Harford</i>		State <i>MARYLAND</i>	
Date of death <i>1909</i>		Month <i>Nov.</i>	Day <i>5</i>	Age <i>—</i>		Years <i>—</i>	Months <i>—</i>
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>Harrods Grove</i>		Days <i>10 days</i>	
Occupation <i>none</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>					
Father's Name <i>Oliver Abouga Crummel</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Stella Rumsey</i>		Mother's Birthplace <i>Aberdeen</i>					
Name of person giving Information		How related to deceased <i>—</i>					

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary <i>Malformation of heart</i>	How long
Immediate <i>Indigestion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. Crothers</i>
	Address <i>Harrods Grove</i>
Accident or Suicide	



Name
in
Full

Sarah Edwood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Upper X Roads Warford County
Town Years
Date of death 1909 Nov 13 Age four Months Days

MARYLAND

Sex Female Color or Race White Birth-place Md
Occupation Md

Where Residing if not
at place of death

Married; Single
or Widowed

Name of Wife or
Husband

Father's
Name

Morris Edwood

Father's
Birthplace

Md.

Mother's
Maiden Name

Ellen R. Kelly

Mother's
Birthplace

Md

Name of person giving
Information

Thos. J. Kelly

How related
to deceased

Grandfather

CAUSES OF DEATH

108

Primary

Voluntus,

How long

several weeks

Immediate

Exhaustion & Septis

How long

several days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

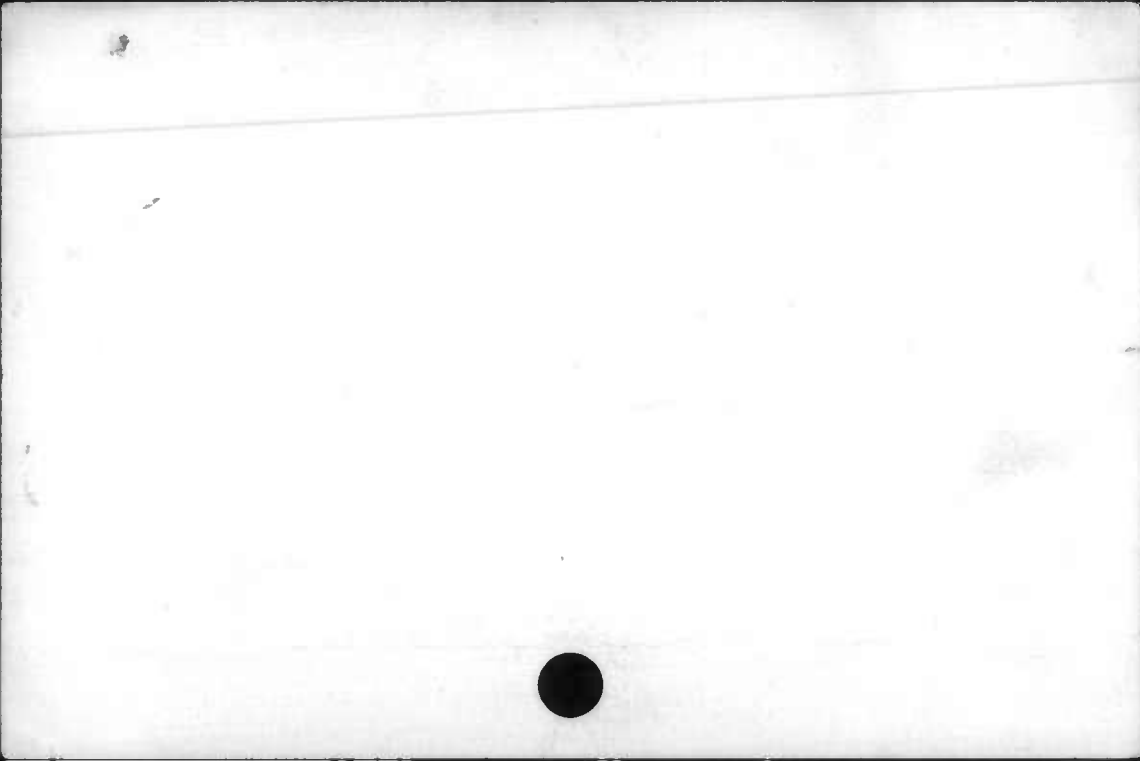
H. F. Bradley

Address

Garrettsville Md

PHYSICIAN
OR CORNER

Accident or Suicide



Name
in
Full

Elizabeth Gibson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Aberdeen ^{County} Harford MARYLAND

Date of death 1909 ^{Month} Nov ^{Day} 15 ^{Years} Age 69 ^{Months} 8 ^{Days} —

Sex Female ^{Color or Race} Colored ^{Birth-place} Virginia

Occupation House work ^{Where Residing if not at place of death} —

Married, Single or Widowed Widowed ^{Name of Wife or Huaband} George Gibson

Father's Name Ruben Gibson ^{Father's Birthplace} Virginia

Mother's Maiden Name Armie Ragler ^{Mother's Birthplace} Virginia

Name of parson giving Information Bertha Dorsey ^{How related to deceased} Grand Child

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary Nephritis + Heart disease ^{How long} 1 year

Immediate Coma ^{How long} 36 hours

Are the name, age, sex, color, date and place correctly given above? Yes ^{Signature of Physician} Chas. H. Kriete

^{Address} Aberdeen, Md.

Accident or Suicida —

Mount Calvary

Name
in
Full

James Gilbert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Van Bibber</i> ^{Town}		County <i>Harford</i>		MARYLAND	
Date of death <i>1909</i> <i>November</i> <i>16</i>		Age <i>Still born</i>		Months <i>0</i> Days <i>0</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Van Bibber</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>There</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>none</i>			
Father's Name <i>George Washington Gilbert</i>		Father's Birthplace <i>Gum powder Neck</i>			
Mother's Maiden Name <i>Mary Wilmer</i>		Mother's Birthplace <i>Mountain</i>			
Name of person giving information <i>J. P. Gilbert</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still born</i>	How long	<i>8</i>
Immediate		How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. Oppermann</i>	
<i>Yes</i>		Address <i>Abingdon.</i>	
Accident or Suicide?			



Name
in
Full

Lizzie Emma Beatrice Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Abingdon County Stanford MARYLAND

Died at Abingdon

Date of death 1909 Month November Day 25 Age 10 Years 8 Months 10 Days

Sex Female Color or Race Black Birth-place Abingdon

Occupation Schoolgirl Where Residing if not at place of death at said home

Married, Single or Widowed Single Name of Wife or Husband none

Father's Name John Harris Father's Birthplace Baltimore Md

Mother's Maiden Name Lillian Washington Mother's Birthplace Abingdon

Name of person giving information John Harris How related to deceased Father

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

Primary Hepatic Peritonitis How long 3 months

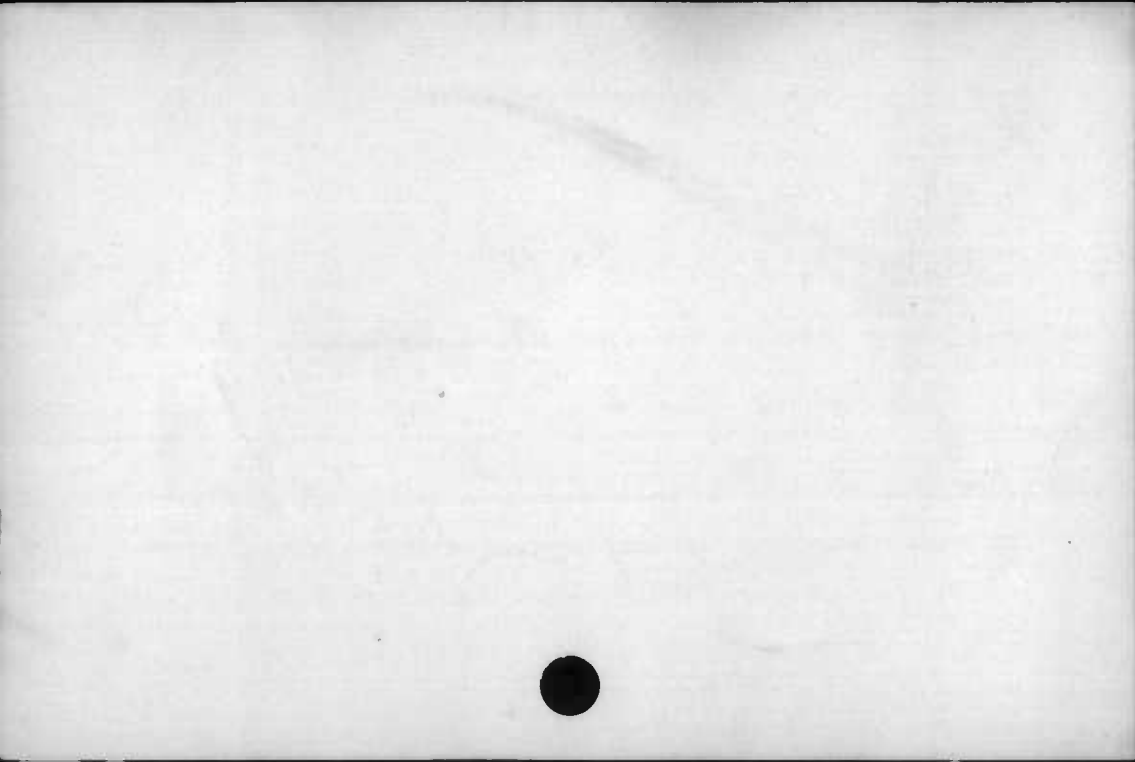
Immediate Franchional Collapse How long 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician R. Opperman

Address Abingdon

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

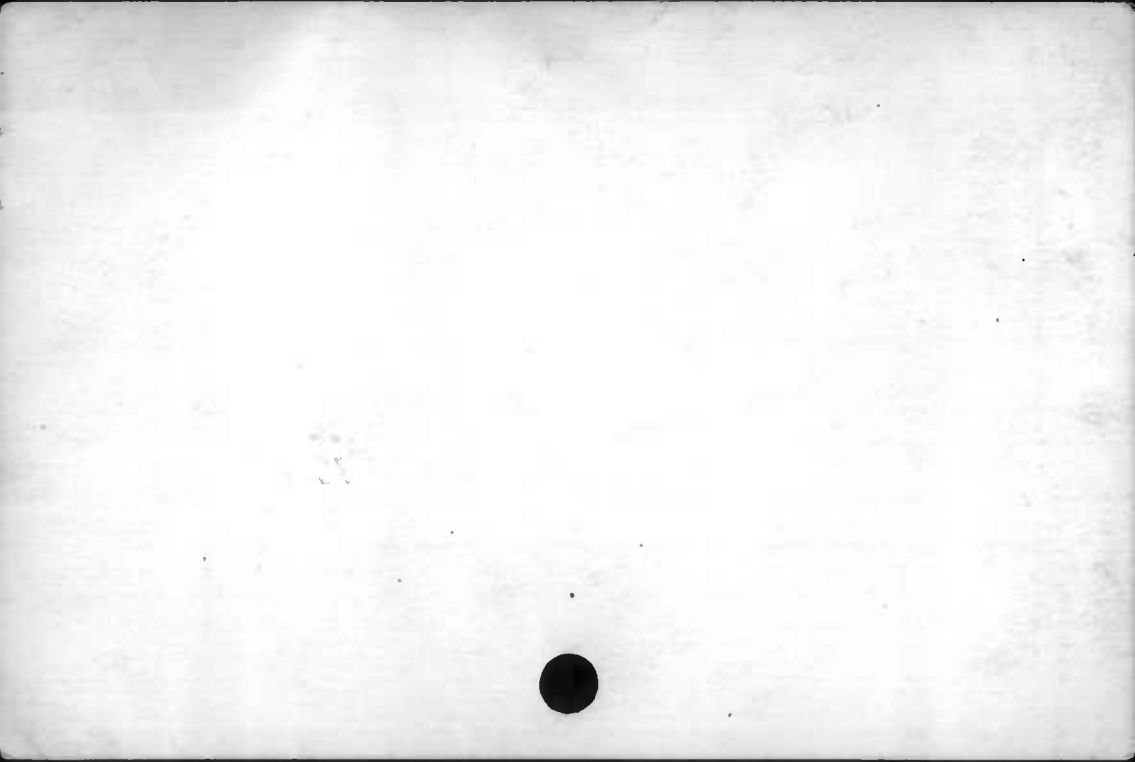
Died at <i>Churchville</i>		Town		<i>Harford</i>		County		MARYLAND	
Date of death <i>1909</i>		Month <i>Nov</i>		Day <i>4</i>		Year <i>1909</i>		Month <i>Nov</i>	
Age <i>59</i>		Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Near Churchville</i>		Days	
Occupation <i>House wife</i>				Where Residing if not at place of death <i>Near Churchville</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>William A. Hawkins</i>							
Father's Name <i>Franklin Keithley</i>		Father's Birthplace <i>Cecil County</i>							
Mother's Maiden Name <i>Emily Barnes</i>		Mother's Birthplace <i>Cecil County</i>							
Name of person giving Information <i>Emily F. Keithley</i>		How related to deceased <i>Sister</i>							

CAUSES OF DEATH

104

PHYSICIAN
OF CORONER

Primary <i>Chronic Gastritis</i>		How long <i>two years</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>William V. Archer</i>	
<i>Yes</i>		Address <i>Beth Air Md</i>	
Accident or Suicide			



Name
in
Full

Geo. Clayton Herbert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

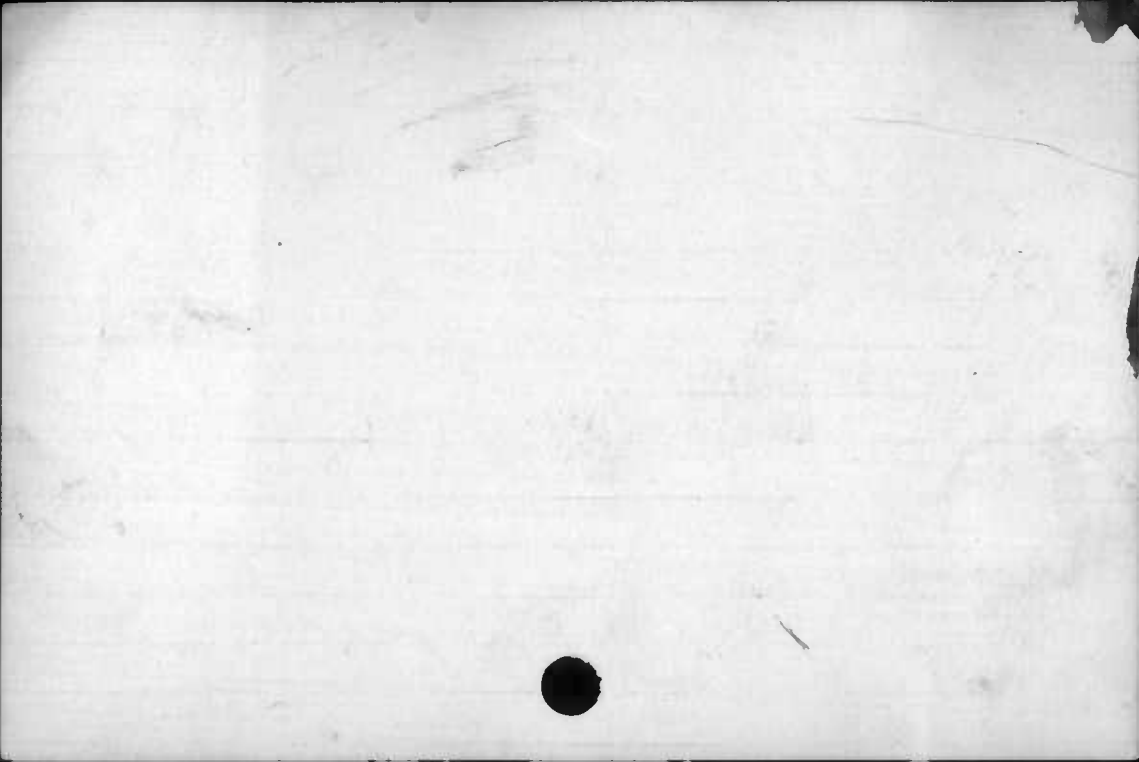
Died at <i>Tawn Grove - P.O.</i>		County <i>Harford</i>		MARYLAND	
Date of death	1909	Month <i>Nov</i>	Day <i>20</i>	Age <i>9</i>	Years <i>8</i> Months <i>1</i> Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>Harford Co Md</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Charles E Herbert</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Clara B Streett</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Charles E Herbert</i>		How related to deceased <i>—</i>			

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Accidentally shot</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Vallie Hawkins M.D</i>
	Address <i>Tawn Grove - Pz</i>
Accident or Suicide? <i>Accident</i>	



Name
in
Full

Laura Christiana Hutzler

CERTIFICATE OF DEATH

Died at Belcamp

Town

Harford

County

MARYLAND

Date

of death

1909

Month

Nov.

Day

27

Age

Years

62

Months

7

Days

—

Sex

Female

Color of
Race

White

Birth-
place

Baltimore

Occupation

Housewife

Where Residing if not
at place of death

Belcamp

Married, Single
or Widowed

Married

Name of Wife or
Husband

Peter G. Hutzler

Father's
Name

Jos. F. Winters

Father's
Birthplace

Germany

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Germany

Name of person giving
information

Annie C. Hutzler

How related
to deceased

Daughter

CAUSES OF DEATH

66

Primary

Paralysis

How long

4 yrs

Immediate

Paralysis

How long

immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

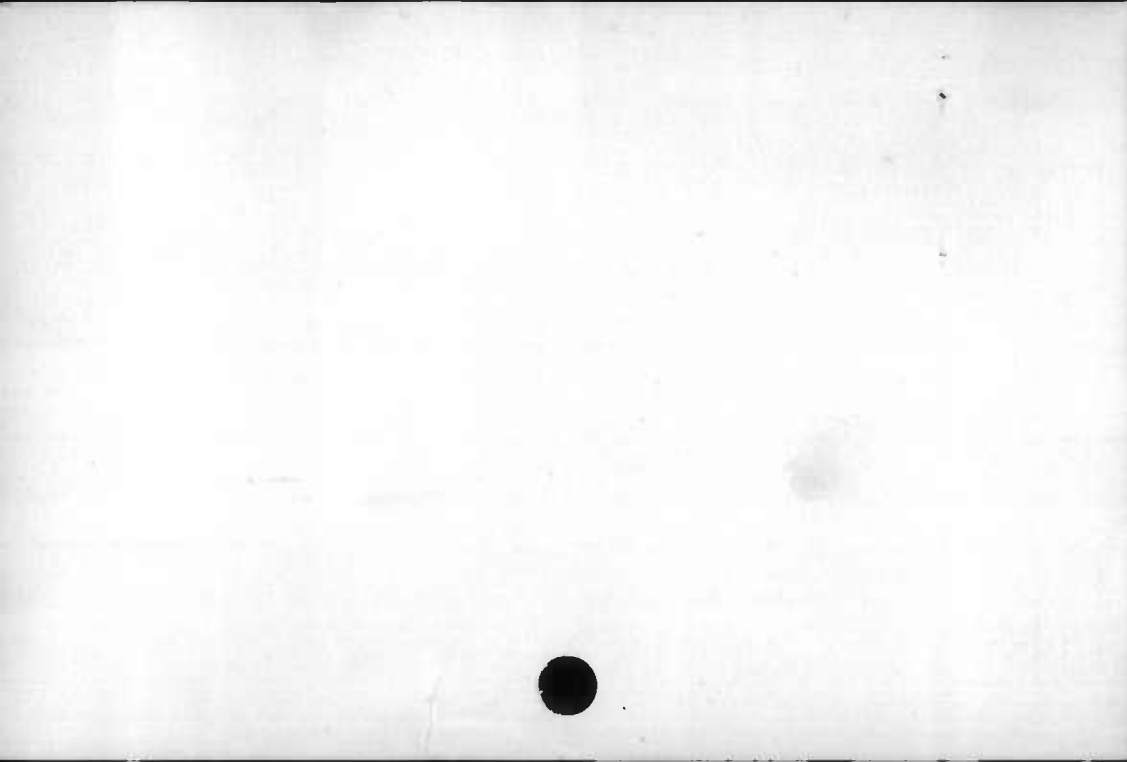
J. H. Stier

Prayman

MHL

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Abram James

CERTIFICATE OF DEATH

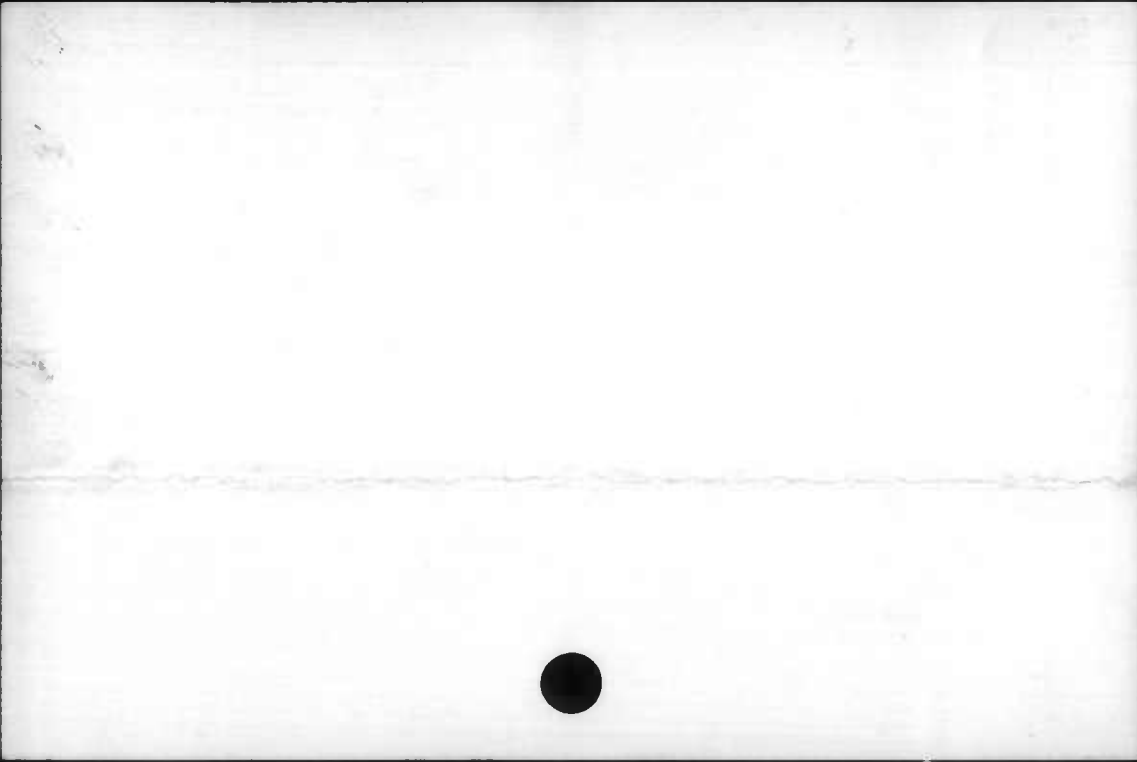
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month		Day	Years	Months	Days
1909		Nov'r		2	Age	75	
Sex		Color or Race		Birth-place			
Male		Colored		Harford Co Md			
Occupation		Where Residing If not at place of death					
Laborer		as above					
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
James James		Unknown					
Mother's Maiden Name		Mother's Birthplace					
Alice Jackson		Harford Co Md					
Name of person giving Information		How related to deceased					
W. E. James		Nephew					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Infirmitis of aya		About 6 mos	
Immediate		How long	
gradual heart failure		3 or 4 days	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Ephor Hopkins	
		Address	
		Darlington	
		Md	
Accident or Suicide			



Name
in
Full

Eugenia M Kidd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Creswell</u> Town		<u>Harford</u> County		MARYLAND	
Date of death	1909	Month	Nov	Day	24
Age	70	Year	Unknown	Month	Unknown
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband <u>Single</u>			
Father's Name	George W Kidd	Father's Birthplace <u>Beloe Co Md</u>			
Mother's Maiden Name	Maria Hogg (Kidd)	Mother's Birthplace			
Name of person giving Information	Rebecca Anderson	How related to deceased <u>Cousin</u>			

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary	Intestinal Obstruction	How long	11 days
Immediate	Peritonitis & heart failure	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. H. Callahan
		Address	Beloe camp Md
Accident or Suicide	No		

Gr W Reed

Maria Hogg

Robert Ann Brown

Name
in
Full

No Name *Shirley Ann Lyth*

CERTIFICATE OF DEATH

Died at

Cardiff *17* *Harford*

Town

County

MARYLAND

Date

of death 1909

Month

Day

Year

Months

Days

Age

Sex

Male

Color or
Race

white

Birth-
place

Cardiff Md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Charles Lyth

Father's
Birthplace

Baer's Md

Mother's
Meiden Name

Mrs. Jane

Mother's
Birthplace

Harford Md

Name of person giving
Information

Charles Lyth

How related
to deceased

Son

CAUSES OF DEATH

Primary

Shirley Ann Lyth

How long

Immediate

Are the name, age, sex, color, date
and piece correctly given above?

Yes

Signature of
Physician

W. E. Arthur
Cardiff Md

Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Lillian G. McShinney

CERTIFICATE OF DEATH

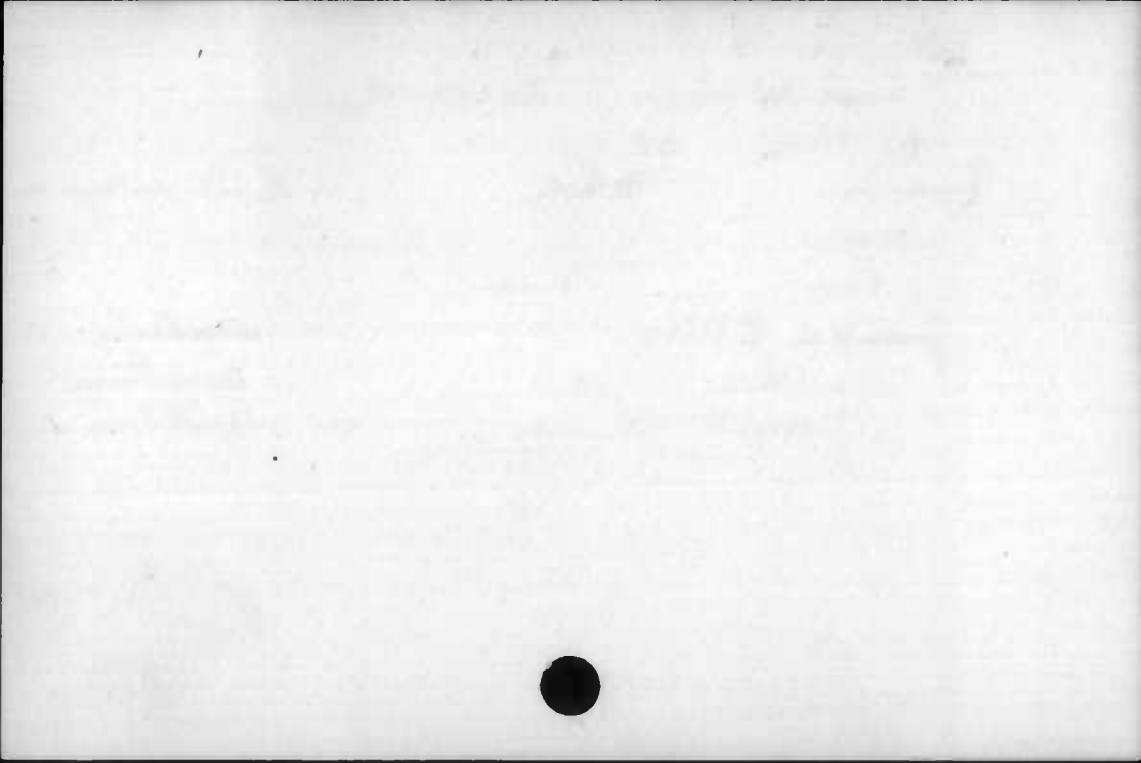
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Harrods Grace		County Harford		MARYLAND	
Date of death	1909	Month Nov.	Day 23	Age 6	Years	Months	Days
Sex	Female		Color or Race	White		Birth- place	Harrods Grace
Occupation	None			Where Residing if not at place of death " " " "			
Married, Single or Widowed	Single		Name of Wife or Husband	None			
Father's Name	John M. Shinnery				Father's Birthplace	Baltimore	
Mother's Maiden Name	Sarah Furg				Mother's Birthplace	Pa.	
Name of person giving Information	Mary McShinnery				How related to deceased	Sister	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tracheo-Bronchial Croup	How long	9 days
Immediate	Asphyxiation	How long	few moments
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		F. W. Steiner	
		Address	
		Harrods Grace	
		Md	
Accident or Suicide?			



Name
in
Full

Mamie R. Plaso

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND			
Date of death	Month	Day	Age	Years	Months	Days	
1909	Nov	28		—	2	—	
Sex	Female		Color or Race	White		Birth-place	Havre de Grace
Occupation	None		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband	None			
Father's Name	Joseph Plaso			Father's Birthplace	Austria		
Mother's Maiden Name	Bertha Raff			Mother's Birthplace	Austria		
Name of person giving Information	Joseph Plaso			How related to deceased	Father		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

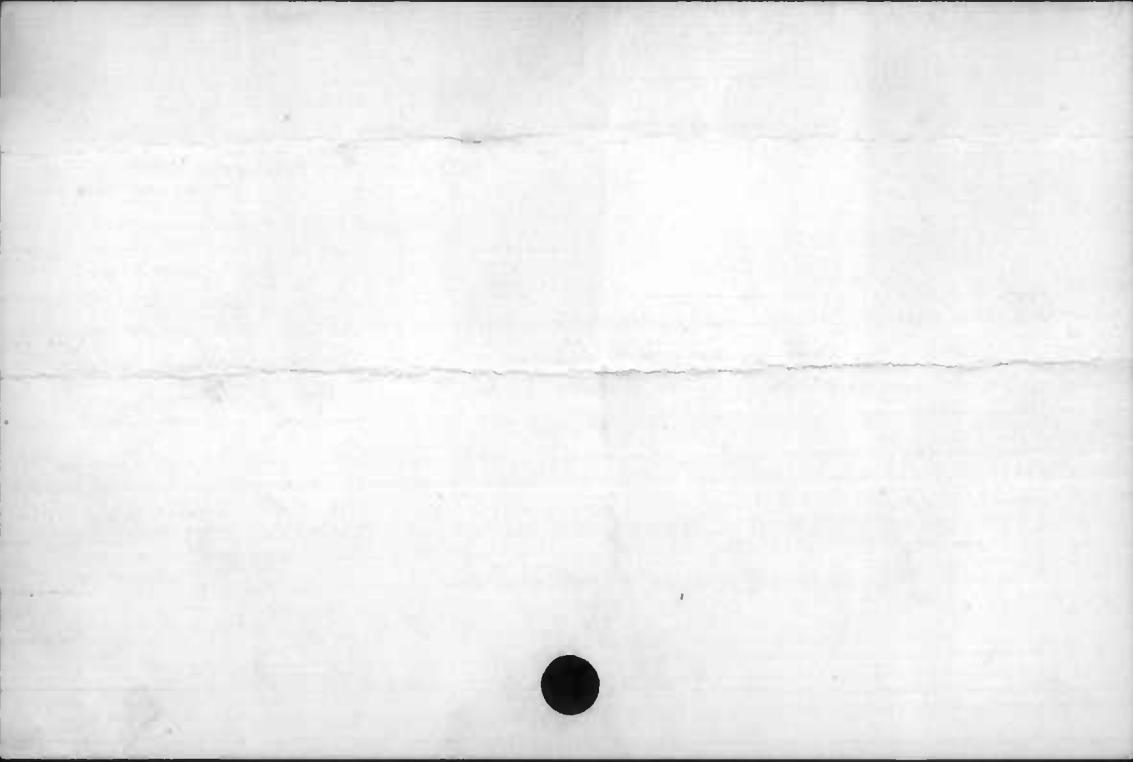
Primary		How long	
Immediate	Grouped Pneumonia	2 days	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	R. H. Smith
		Address	Havre de Grace Md
Accident or Suicide			



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Ingles</u> Town		<u>Harford</u> County		MARYLAND
	Date of death <u>1909</u>	<u>Nov</u> Month	<u>10</u> Day	Age <u>48</u> Years	Months _____ Days _____
	Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Prince Georges Co Md</u>	
	Occupation <u>Housewife</u>		Where Residing if not at place of death _____		
	Married, Single or Widowed <u>Single</u>	Name of Wife or Husband _____			
	Father's Name <u>Jacob J & Ploughman</u>	Father's Birthplace <u>Prince Geo Co, Md</u>			
	Mother's Maiden Name <u>Elizabeth Smith</u>	Mother's Birthplace _____			
Name of person giving information <u>Mrs Jos Ploughman</u>		How related to deceased <u>Cousin</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <u>Gun shot wound</u>		How long _____		
	Immediate _____		How long _____		
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Charles Roth</u>		
	_____		Address <u>Edgewood</u>		
	Accident or Suicide? <u>Suicide</u>		_____		



Name In Full		Town		County		CERTIFICATE OF DEATH	
Died at		Harrell Grace		Harford		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909 Nov.		4				3	
Sex	Male	Color or Race	White	Birth-place	Harrell Grace		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name	John Sampson.				Father's Birthplace	Harford, Co.	
Mother's Maiden Name	Edith Sampson.				Mother's Birthplace	Harford, Co.	
Name of person giving information	John Sampson.				How related to deceased	Father.	
				CAUSES OF DEATH		179	
Primary				How long			
Immediate				How long			
Marasmus							
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		J. H. Tobias.	
				Address		Darlinton	
						Md.	
Accident or Suicide?							



Name in Full		John A. Shippley				CERTIFICATE OF DEATH	
Died at		Joppa		Harford		County	
Date of death		1909		November		17	
Sex		Male		Color or Race		white	
Occupation		Merchant		Where Residing if not at place of death		at said place	
Married, Single or Widowed		married		Name of Wife or Husband		Mary Agnes	
Father's Name		John H. Shippley		Father's Birthplace		Freedom P.O. Carroll Co. Md.	
Mother's Maiden Name		Rachel A. Dixon		Mother's Birthplace		Mt. Airy P.O. Carroll Co. Md.	
Name of person giving information		John H. Shippley		How related to deceased		father	
CAUSES OF DEATH							
Primary		Hepatitis Interstitialis				How long	
Immediate		Transitional Collapse				How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		R. F. W. Oppermann.	
Address		Libingdon.		Md.			
Accident or Suicide?							



Name
in
Full

Premature Birth Shultz

CERTIFICATE OF DEATH

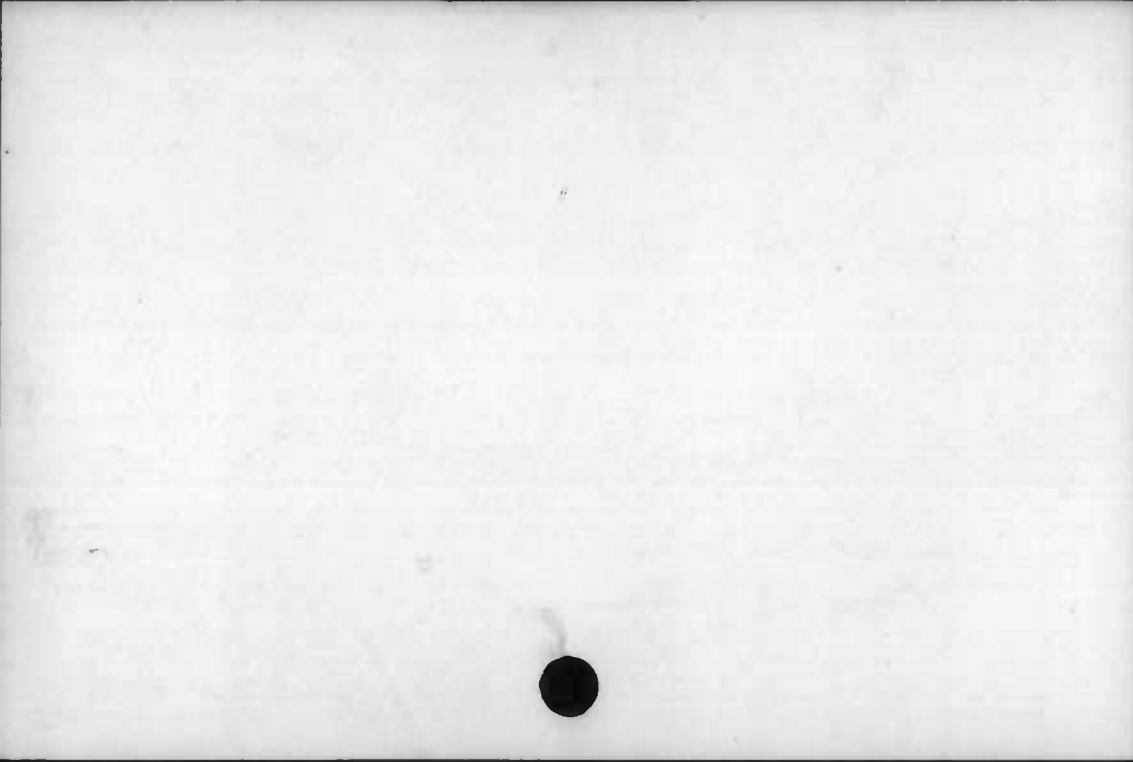
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hagerdelman		County Harford		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		100	15				
Sex		Color or Race		Birth-place			
Male		White		Hagerdelman			
Occupation				Where Residing if not at place of death			
None							
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name				Father's Birthplace			
Edward Shultz				Philadelphia			
Mother's Maiden Name				Mother's Birthplace			
Margaret Cordrove				Pa.			
Name of person giving information				How related to deceased			
Edward Barner				Grandfather			

CAUSES OF DEATH

Primary	Premature Birth	How long	24 hrs
Immediate	Premature Birth	How long	24 hrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. W. Steiner	
		Address	
		Hager delman	
		Md	
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Evan R. Singelton
Town *Pylesville* County *Harford.*

MARYLAND

Died at *Pylesville* Month *9* Day *4* Age *70* Years Months Days

Date of death *1909 Nov.* Sex *Male.* Color or Race *white* Birth-place *Ind*

Occupation *Invalid* Where Residing if not at place of death *Delto*

~~Married~~ Single or Widowed Name of Wife or Husband

Father's Name *James Singelton* Father's Birthplace *Ind*

Mother's Maiden Name *Mother A. Clark* Mother's Birthplace *Ind*

Name of person giving Information *Mrs. M. Brown* How related to deceased *Sister*

CAUSES OF DEATH

Primary *Old age* How long *106*

Immediate *Chronic disease* How long *Third year*

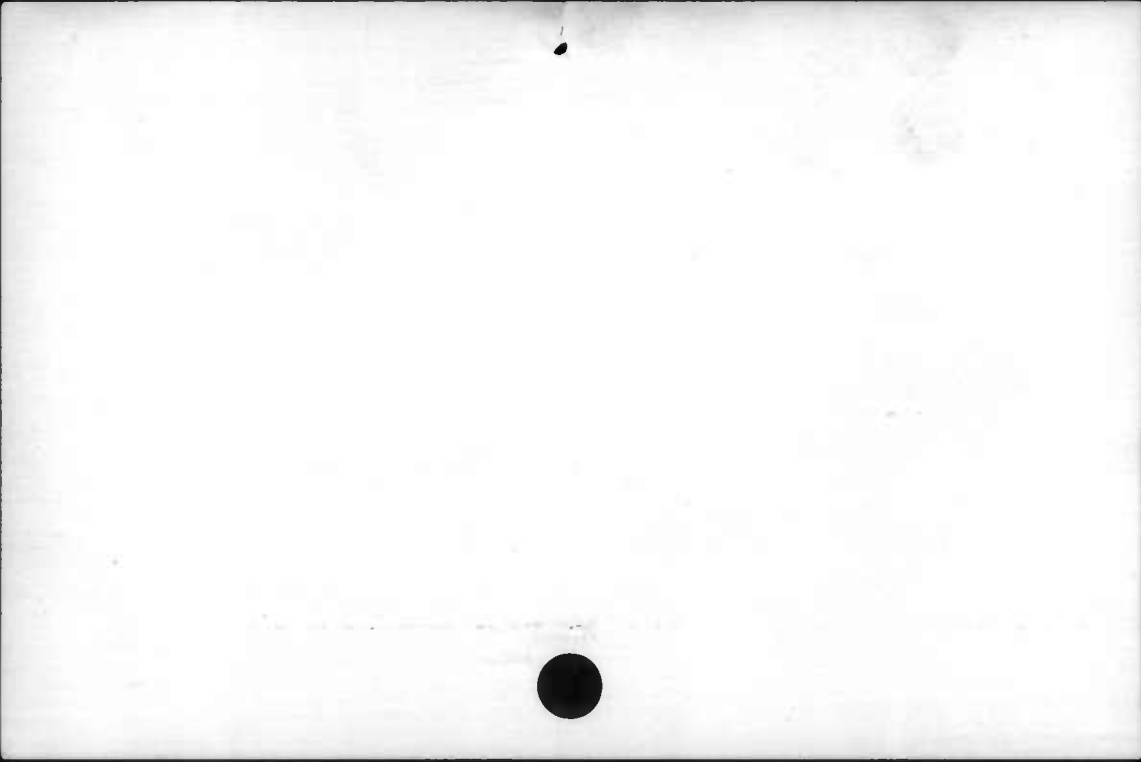
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Dr. H. E. Arthur*

Address *Cardiff Ind*

Accident or Suicide *No.*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORNER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mamie A. Spicer* Town *Jerusalem* County *Harford* **MARYLAND**
Died at
Date of death *1909 Nov.* Month *Nov.* Day *22nd* Age *22* ✓ Years *Two* Months *14* Days
Sex *Female* Color or Race *White* Birth-place *Jerusalem*
Occupation *Infant* Where Residing if not at place of death *Jerusalem*
Married, Single *Single* or Widowed Name of Wife or Husband *None*
Father's Name *George B. Spicer* Father's Birthplace *Joppa*
Mother's Maiden Name *Louisa M. Turner* Mother's Birthplace *Livingston*
Name of person giving Information *Father* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Gastritis* How long *Two days*
Immediate *Emulsions* How long *Half hour. M.D.*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Charles Bagley*
Address *Bagley, Md.*
Accident or Suicide

96

Name
in
Full

CERTIFICATE OF DEATH

Rachael Stevens

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Glennville

County

Harford

MARYLAND

Date
of death 190

9

Month

11

Day

1

Age

Years

24

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Ind

Occupation

Not a guy

Where Residing if not
at place of death

—

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Joshua Stevens

Father's
Birthplace

Ind

Mother's
Maiden Name

Susan Stevens

Mother's
Birthplace

Ind

Name of person giving
Information

How related
to deceased

167

✓

CAUSES OF DEATH

Primary

Burned brought fire from stove

How long

1 day

Immediate

Shock & Exhaustion

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

W. B. Smith M.D.

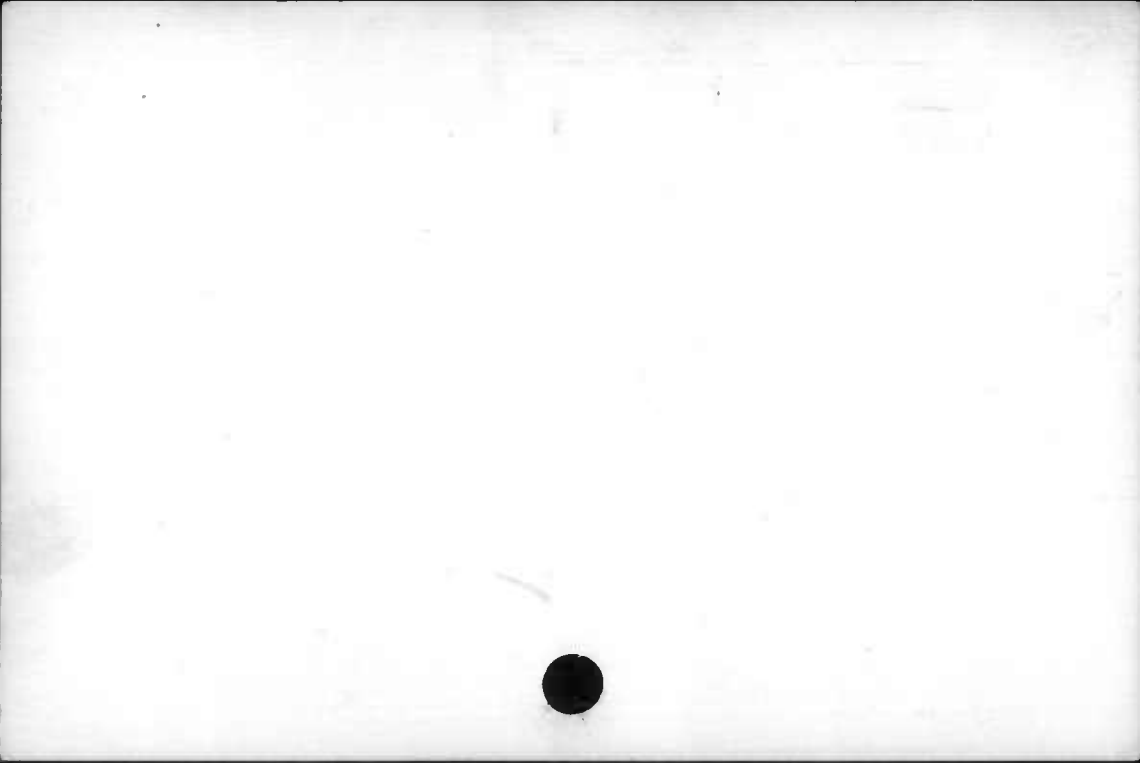
Address

Darling St.

Accident or Suicide

Ind

PHYSICIAN
OR CORONER



Name
in
Full

David Francis Sullivan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Bay View ^{Town} Harford ^{County} **MARYLAND**

Date of death 190 9 ^{Month} Nov ^{Day} 17 Age 51 ^{Years} 5 ^{Months} 1 ^{Days}

Sex Male Color or Race white Birth-place My city

Occupation RR Pumper Where Residing if not at place of death —

Married, Single or Widowed married Name of Wife or Husband Mary Eliz. Keating

Father's Name Thomas Sullivan Father's Birthplace Ireland

Mother's Maiden Name Margaret Lynch Mother's Birthplace Ireland

Name of person giving Information Mary Green How related to deceased Sister

PHYSICIAN
OR CORONER

CAUSES OF DEATH

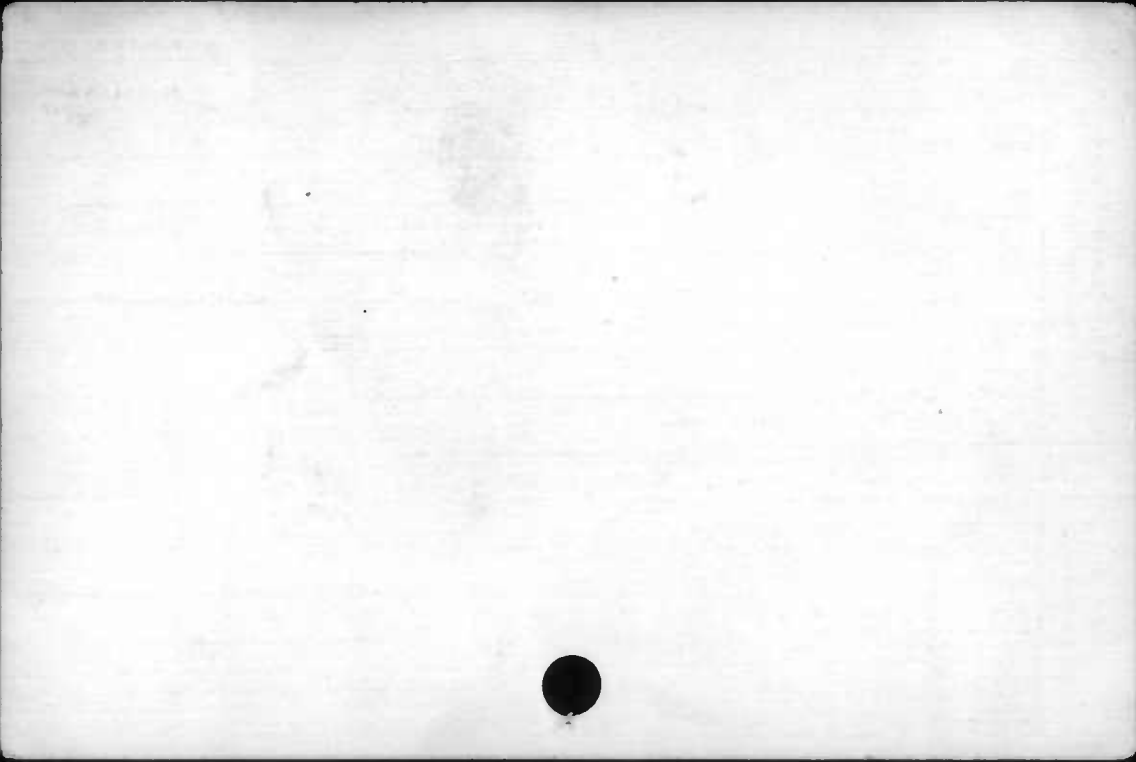
Primary Rupture of aortic aneurysm ^(aortic) How long 15 mins

Immediate Dropped dead. How long —

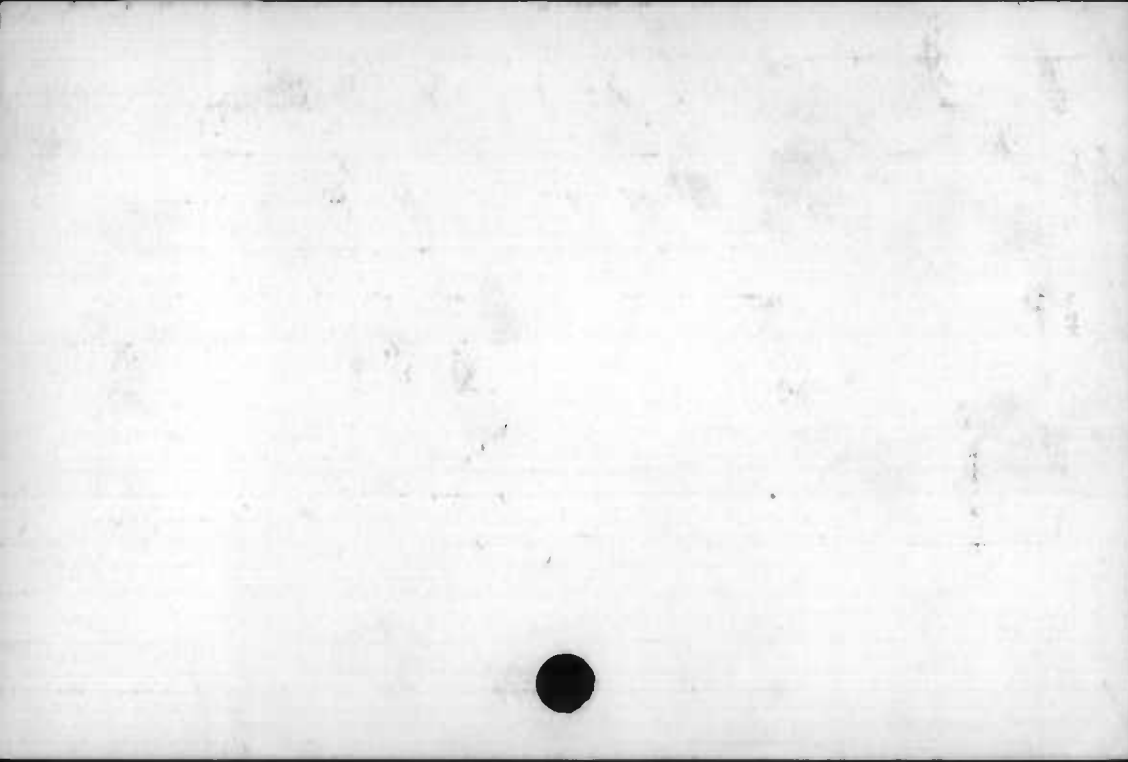
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Charles Roth
Address Edgewood Md

Accident or Suicide —



Name in Full Annie Turner		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at Forest Hill		County Halifax		State MARYLAND
	Date of death 1909 Nov	Month Nov	Day 14	Age 82	Years 82
	Sex Female	Color or Race Black	Birth-place Ind		
	Occupation Servant	Where Residing if not at place of death Forest Hill			
	Married, Single or Widowed Single	Name of Wife or Husband Edy Turner			
	Father's Name Wm. Rigby	Father's Birthplace Unknown			
	Mother's Maiden Name Sarah Rigby	Mother's Birthplace Unknown			
	Name of person giving information Roman Turner	How related to deceased Grandson			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">154</div>					
PHYSICIAN OR CORONER	Primary Old Age		How long —		
	Immediate "		How long —		
	Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician F. P. Smith		
			Address Forest Hill Ind		
Accident or Suicide? No					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name John A. Wakeland Town Stepney County Harford Co. MARYLAND

Died at Stepney Month Nov Day 7 Year 1909 Age 60 Months Days

Date of death 1909 Sex Male Color or Race White Birth-place Ind

Occupation Fireman Where Residing if not at place of death Balto. Md

Married, Single or Widowed Single Name of Wife or Husband Della Wakeland

Father's Name John Wakeland Father's Birthplace Ind

Mother's Maiden Name Eliya. Mummy, Mother's Birthplace Ind

Name of person giving Information Della Wakeland How related to deceased Wife

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary Killed by Train on B & O R R How long near Stepney

Immediate yes How long Harford County, Md

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician James T. Pritchard

Address Acting Coroner

Accident or Suicide Accidental Aberdeen Md

Name
in
Full

Isaac Watters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

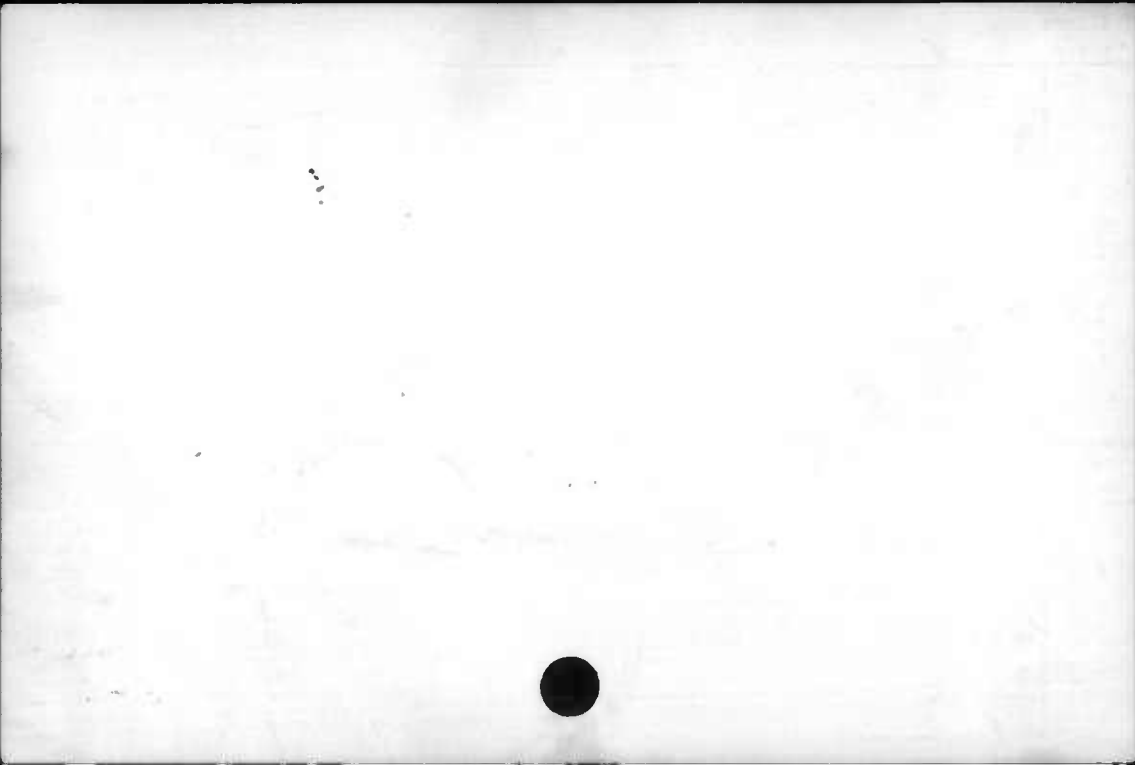
Died at <i>Singer</i>		Town		County <i>Harford</i>		MARYLAND	
Date of death	1909	Month	<i>Nov.</i>	Day	17	Age	69
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Harford Co., Md.</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Singer</i>					
Married , Single or Widowed		Name of Wife or Husband <i>none</i>		Name <i>none</i>			
Father's Nema <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Nema <i>Harriet James</i>		Mother's Birthplace <i>Harford Co.</i>					
Name of person giving Information <i>Jessie Puff</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>6 Months</i>
Immediate	<i>Gangrene of right foot, leg & right hand</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Charles Bagley M.D.</i>	
		Address <i>Bagley; Md.</i>	
Accident or Suicide			



Name
in
Full

Amelio J. Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cardiff ^{Town} Annapolis ^{County} MARYLAND

Date of death 190 9 ^{Month} Nov. ^{Day} 4 ^{Years} 55 ^{Months} ^{Days}

Sex Female Color or Race white Birth-place Ind.

Occupation House Wife Where Residing if not at place of death at place of death

~~Maid~~ Single or Widowed Name of Wife or Husband John H. Williams

Father's Name Isaac Henry Father's Birthplace Ind.

Mother's Maiden Name Mary J. Proctor Mother's Birthplace Ind.

Name of person giving Information Honry. Williams How related to deceased Son

CAUSES OF DEATH

Primary Sclerosis of spinal nerve 93 3 yr.

Immediate Pneumonia 3 Day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Roanoke P. Pinsky

Address Ortola Penna

Accident or Suicide

PHYSICIAN
OR CORONER

